NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Il Client Information

Name: Greater NY Hospital Association

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Fill in circle if amendment	
Report Period:	
Type of Lobbying: Nonprocurement Procurement Both	

FOR OFFIC	CE USE ONLY		0
, 2	RECEIVED	FEB 0 1 2013	

ty: New York	ddress: 555 West 57th S		State			ZIP code: 10019
usiness Phone: (212) 2	46-7100		Fax N	umk	per: (212) 262-6350)
nird Party Beneficiary		2				
Lobbyist(s) In	formation & Cor	npe	nsation (Curr	emil ust b	Period Only	regardless of whether the
ny individual or organi: hreshold was exceeded	zation that has lobbled d by that individual or o	on be rgani	zation.	031 2	io repenied zero i	
A Type of Lobbyist:		0	Employed	0	Designated	
Level of Gov't:	O State Lobbying	0	Local Lobbying	0	Both	
Name:					Phone Number:	
Address:						
City:					State:	ZIP code:
Compensation for	current period: \$.00			
B Type of Lobbyist:	O Retained	0	Employed	С	Designated	
Level of Gov't:	O State Lobbying	0	Local Lobbying	C		
Name:					Phone Number	
Address:			and the second s			
City:					State:	ZIP code:
Compensation fo	r current period: \$.00			
C Type of Lobbyist:	Retained	0	Employed) Designated	
Level of Gov't:	O State Lobbying	0	Local Lobbying) Both	
Name:					Phone Number	
Address:						
City:					State:	ZIP code:
The second secon	current period: \$.00			

V Other Expenses (Curre					And the second second second	P. Hand John	\$.00	
Report in the aggregate all expe	nses l	ess tha	n or equa	110 \$/5:			\$.00	
Report in the aggregate all expe			ries of non	-lobbying em	iployees:		, ,					
Itemize each expense exceeding	g \$75			DATE:	,	/		0	Ad	0	Social Eve	ent
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URPOSE:	0.011	DEL 151	IT	AMOUNT.	٧				Adde	Idom	arraciroa	
) PROCUREMENT () NONPR	OCU	REMEN	41	DATE:	1			0	Ad	0	Social Eve	-ni
AID TO:				AMOUNT:	e	,	.00	_			attached	,111
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O PROCUREMENT O NONPR			VT.					_				_
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 If any expense listed above expense, dollar amount att 	e exce	eeas ş able to	the indiv	Idual alla III	IC IICIIICI							10
D Total expenses for current per				.00 (if appl	licable, in	iclude	all expe	nse	es from at	tached	d pages in to)TO
In the event only on event multiple person	ons or	entitle	s nave be	en aggregan	causas		le alada		the am	ount of	the Contribu	utic
event multiple perso	ons or	entitle	s nave be	en aggregan	causas		le alada		the am	ount of	the Contribu	utic
A Below, list all Contribution received. If more the Addendum for the contribution is a second contribution of the contributio	han fiv	re con	Tributions	Tottl life sing	le Source	have	been re	cei	ved, use	section	I V(C) of me	
Contribution(s) from Single Source												
Single Source Entity's Name: BET			DICAL CEN	TER	(
or Single Source Person's Last Nam	ne:				First 1	Name):					
Address: FIRST AVENUE AT 16TH ST												
City: NEW YORK					State	e: NY				ZIP C	ode: 10003	
Phone:												
Date Contribution Received:	01	/ 30	/ 2012	Amo	ount of (Contr	ibution:	\$	78,193		.00	
Date Contribution Received:		1	1	Am	ount of (Contr	ibution:	\$.00	
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City: SUFFERN	2 ON SEC			Am ditional Cont	ount of (ributions: M First	Contr Contr Nam	ibution: ibution: e:	\$		ZIP C	.00	
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Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

V Source of Funding Disclosure	Beginner			
B Single Source information for a Contrib	oution(s) f	rom multi	ple, Related, or Affiliated Entities.	
Contributions from Single Source #1				
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	n Entity 0	r Person:	to Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Check here if using section V(C) of the	ne Adden	dum for c	additional Contributions:	
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	n Entity c	or Person	: Amount of Contribution: \$.00
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Check here if using section V(B) of the Addendum fo	r addition	al Relate	d, or Affiliated Entities or Persons:	
Contributions from Single Source #2				
Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
Dates and Amounts of Contributions from	m Entity (or Persor	n:	.00
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Related or Affiliated Entity or Person:				
Entity's or Person's Full Name:				
Entity's or Person's Address:				
Entity's or Person's Phone:				
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Check here if using section V(B) of the Addendum for Check here if there are Contribution(s) from Single S Addendum to list all such Contributions:	or additio	nal Relate	ed or Affiliated Entities or Persons:	

/ Source	of Funding Dis	ellos	9115		The second secon	ount of the Contribution
Α	Below, list all Contrib received.	outions	receiv	ed from the S	Single Source. Include the date and the am	out of the Commons
ontribution	s from Single Source	#3				
ngle Sourc	e Entity's Name: BRO	NX- LI	EBANO	N HOSPITAL CI	ENTER	
r inale Sourc	e Person's Last Nam	ne:			First Name:	
	76 FULTON AVENUE					710 1-, 10456
City: BRONX					State: NY	ZIP code: 10456
hone:					26 161	.00
Date Contri	bution Received:	02/	/ 01	/ 2012	Amount of Contribution: \$ 26,161	.00
Date Contr	bution Received:		/	/	Amount of Contribution: \$	
	ibution Received:		/	. /	Amount of Contribution: \$.00
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	ns from Single Sourc					
Cinalo Cour	ce Entity's Name: BR	OOKLY	/N HOS	PITAL CENTER		
					First Name:	
Single Sour	ce Person's Last Nar	ne:				
	21 DEKALB AVENUE				State: NY	ZIP code: 11201
City: BROO	KLYIN				010101	
Phone:		01	1 17	/ 2012	Amount of Contribution: \$ 28,149	.00
	ribution Received:	01	/ 17	/ 2012	Amount of Contribution: \$.00
	ribution Received:		1	1	Amount of Contribution: \$.00
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	ns from Single Source					
Single Sour	ce Entity's Name: B	URKE P	REHABIL	LITATION HOSI	PITAL	
or Single Sour	ce Person's Last Na	me:			First Name:	
	85 MAMARONECK AVE					
City: WHITE					State: NY	ZIP code: 10605
Phone:	ribution Received:	07	/ 24	/ 2012	Amount of Contribution: \$ 6,387	.00
	tribution Received:		1	1	Amount of Contribution: \$.00
	tribution Received:		/	/	Amount of Contribution: \$.00
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V Source of Funding Dist	0102015		are the second s	and of the Contribution
A Below, list all Contrib received.	utions recei	ved from the S	Single Source. Include the date and the am	ount of the Collinbulor
Contributions from Single Source	#6			
ingle Source Entity's Name: CRC	USE HOSPITA	AL		
or Single Source Person's Last Nam	e:		First Name:	
Address: 736 IRVING AVENUE				10010
City: SYRACUSE			State: NY	ZIP code: 13210
Phone:				
Date Contribution Received:	02/ /13	/ 2012	Amount of Contribution: \$ 19,461	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	-/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
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Check here if using section V(C) of	the Addend	lum for additio	onal Contributions:	0
Contributions from Single Source	# 7			
Single Source Entity's Name: GO	OD SAMARIT	AN HOSPITAL	MEDICAL CENTER	
or			First Name:	
Single Source Person's Last Nam			THIST HATTIO.	
Address: 1000 MONTAUK HIGHWAY			State: NY	ZIP code: 11795
City: WEST ISLIP			Sidie.	
Phone:		1 0010	Amount of Contribution: \$ 30,234	.00
Date Contribution Received:	01 / 25	/ 2012	Amount of Contribution: \$.00
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Contributions from Single Source				
Single Source Entity's Name: HA	CKENSACK	JNIVERSITY ME	DICAL CENTER	
or			First Name:	
Single Source Person's Last Nan Address: 30 PROSPECT AVENUE	16.			
The state of the s			State: NJ	ZIP code: 07601
City: HACKENSACK				
Phone:	01 /30	/ 2012	Amount of Contribution: \$ 69,505	.00
Date Contribution Received:	01, / 30		Amount of Contribution: \$.00
Date Contribution Received:	/		Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #	9			
Single Source Entity's Name: HOSPI	TAL FOR S	PECIAL SURGE	RY	•
or Single Source Person's Last Name:			First Name:	
Address: 535 EAST 70TH STREET				
City: New York			State: NY	ZIP code: 10021
Phone:				
Date Contribution Received: '64	106	/ 2012	Amount of Contribution: \$ 11,271	
Date Contribution Received:	/	/	Amount of Contribution: \$	00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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Contributions from Single Source #	10			
Single Source Entity's Name: HUDS	ON VALLE	Y HOSPITAL CE	ENTER	
or Single Source Person's Last Name:			First Name:	
Address: 1980 COMPOUND ROAD				
City: PEEKSKILL	and the second second		State: NY	ZIP code: 10566
Phone:				
Date Contribution Received: 0	4 1 06	/ 2012	Amount of Contribution: \$ 6,198	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Check here if using section V(C) of th	e Adden	dum for addition	onal Contributions:	
Contributions from Single Source #				
		DICAL CENTER		
Single Source Entity's Name: INTER or	TAITT WE	DICAL CLIVILI		
Single Source Person's Last Name			First Name:	
Address: 555 PROSPECT PLACE				7ID == do: 11238
City: BROOKLYN			State: NY	ZIP code: 11238
Phone:				. 00
Date Contribution Received:	2 / 03	/ 2012	Amount of Contribution: \$ 13,150	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please

make a copy of this sheet. V Source of Funding Disclosure Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution Contributions from Single Source #1/2 Single Source Entity's Name: KALEIDA HEALTH First Name: or Single Source Person's Last Name: Address: 100 HIGH STREET ZIP code: 14203 State: NY City: BUFFALO Phone: Amount of Contribution: \$ 34,752 / 2012 Date Contribution Received: 02 / 17 .00 Amount of Contribution: \$ Date Contribution Received: Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # $\frac{13}{2}$ Single Source Entity's Name: KINGSBROOK JEWISH MEDICAL CENTER First Name: Single Source Person's Last Name: Address: 585 SCHENECTADY AVENUE ZIP code: 11203 State: NY City: BROOKLYN Phone: Amount of Contribution: \$ 8,641 .00 04 / 06 / 2012 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: 0 Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 14 Single Source Entity's Name: LUTHERAN MEDICAL CENTER First Name: Single Source Person's Last Name: Address: 150 55TH STREET ZIP code: 11220 State: NY City: BROOKLYN Phone: .00 Amount of Contribution: \$ 14,277 04/06/2012 Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received: .00 Amount of Contribution: \$ Date Contribution Received:

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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	e# 15				
Single Source Entity's Name: M			EDICAL CENTE	R	
or Single Source Person's Last Nat				First Name:	
Address: 4802 TENTH AVENUE					
City: BROOKLYN				State: NY	ZIP code: 11219
Phone:					
Date Contribution Received:	02	/ 23	/ 2012	Amount of Contribution: \$ 37,194	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
Date Contribution Received:		/	1	Amount of Contribution: \$.00
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Contributions from Single Source	Property of				
Single Source Entity's Name: N	1EMOR	IAL HOS	SP FOR CANCER	R & ALLIED DISEASES	
or				First Name:	
Single Source Person's Last Na	me:			THIST NAME.	
Address: 1275 YORK AVENUE				State: NY	ZIP code: 10021
City: NEW YORK		7		sidie.	
Phone:	01	/ 18	/ 2012	Amount of Contribution: \$ 121,633	.00
Date Contribution Received:	01	/ 10	/ 2012	Amount of Contribution: \$.00
Date Contribution Received:		1		Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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Contributions from Single Sour					
Single Source Entity's Name: N	MERCY	MEDICA	AL CENTER		
or Single Source Person's Last No	ame:			First Name:	
Address: 1000 N. VILLAGE AVENU					
City: ROCKVILLE CENTRE				State: NY	ZIP code: 11570-109
Phone:					
Date Contribution Received:	4	/ 24	/ 2012	Amount of Contribution: \$ 21,791	.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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Date Contribution Received:		1	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

contributions from Single Source #	18			
ingle Source Entity's Name: MONT		IEDICAL CENTER	3	
or ingle Source Person's Last Name:			First Name:	
Address: 111 EAST 210TH STREET				
City: BRONX			State: NY	ZIP code: 10467-2490
Phone:				
	04/04	/ 2012	Amount of Contribution: \$ 65,748	.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	. /	Amount of Contribution: \$.00
Check here if using section V(C) of the	ne Adder	dum for additi	onal Contributions:	0
Contributions from Single Source	#	ERSITY MEDICA	L CENTER	
Single Source Entity's Name: NASS	SAU UNIV	LINSTITUTE	F. J. Marra et	
or Single Source Person's Last Name):		First Name:	
Address: 2201 HEMPSTEAD TURNPIK	E		NY	ZIP code: 11554
City: EAST MEADOW			State: NY	Zii codo.
Phone:			Associated Contribution: \$ 14,068	.00
Date Contribution Received:	04/0	06 / 2012	Amount of Contribution: 4	.00
Date Contribution Received:	1		Amount of Contribution: \$.00
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Date Contribution Received:	1	1	Amount of Contribution: \$.00
Check here if using section V(C) of	the Adde	ndum for addi	tional Contributions:	
Contributions from Single Source	#_20			
Single Source Entity's Name: NEV	V YORK CI	TY HEALTH & H	OSPITALS CORP.	
Or			First Name:	
Single Source Person's Last Nam				
Address: 125 WORTH STREET, ROOM	1314		State: NY	ZIP code: 10013
City: NEW YORK				
Phone:	2 12	/ 2012	Amount of Contribution: \$ 123,718	.00
Date Contribution Received:	3 / 2	/ 2012	Amount of Contribution: \$.00
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Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	= #21				
ingle Source Entity's Name: NE	W YORK	COMM	JNITY HOSPI	TAL OF BROOKLYN	
or Single Source Person's Last Nam				First Name:	
Address: 2525 KINGS HIGHWAY					44220
City: BROOKLYN				State: NY	ZIP code: 11229
Phone:					00
Date Contribution Received:	07 /	26	/ 2012	Amount of Contribution: \$ 8,265	.00
Date Contribution Received:	/		/	Amount of Contribution: \$.00
Date Contribution Received:	/		/	Amount of Contribution: \$.00
Date Contribution Received:	/		/	Amount of Contribution: \$.00
Date Contribution Received:	/		/	Amount of Contribution: \$.00
Check here if using section V(C) o	f the Ac	dendu	m for additio	onal Contributions:	
Contributions from Single Source					
Single Source Entity's Name: NE	W YORK	KEYE & I	EAR INFIRMA	RY	
or				First Name:	
Single Source Person's Last Nar	ne.				
Address: 310 EAST 14TH STREET				State: NY	ZIP code: 10003
City: NEW YORK					
Phone:	08	/ 03	/ 2012	Amount of Contribution: \$ 5,636	.00
Date Contribution Received:	00	/ 03	1	Amount of Contribution: \$.00
Date Contribution Received:		,	1	Amount of Contribution: \$.00
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Contributions from Single Source			IODICT LIOCI	DITAI	
Single Source Entity's Name: N	IEW YOR	KIVIETH	IODIST HOSE	IIA	
or Single Source Person's Last Na	me:			First Name:	
Address: 506 6TH STREET					710 - 1-, 11215
City: BROOKLYN				State: NY	ZIP code: 11215
Phone:				10.705	00
Date Contribution Received:	04	100	/ 2012	Amount of Contribution: \$ 13,525	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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V Source of Funding Dis				
A Below, list all Contri received.	butions rece	eived from the	Single Source. Include the date and the am	ount of the Contribution
Contributions from Single Source	e #24			
Single Source Entity's Name: NE	W YORK PRE	SBYTERIAN HOS	SPITAL	
or Single Source Person's Last Nam	ne:		First Name:	
Address: 525 EAST 68TH STREET, BC				
City: NEW YORK			State: NY	ZIP code: 10021
Phone:				
Date Contribution Received:	01 / 31	/ 2012	Amount of Contribution: \$ 312,770	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Check here if using section V(C) of	f the Adden	dum for additio	onal Contributions:	0
Contributions from Single Sourc	The best believed in			
Single Source Entity's Name: NI	AGARA FALL	S MEMORIAL M	EDICAL CENTER	
or			First Name:	
Single Source Person's Last Nan	ne:		FIIST Name.	
Address: 621 TENTH STREET			State: NY	ZIP code: 14302
City: NIAGARA FALLS			sidie.	Zii Codo.
Phone:		/ 2012	Amount of Contribution: \$ 5,213	.00
Date Contribution Received:	01 / 23	/ 2012	Amount of Contribution: \$.00
Date Contribution Received:	/			.00
Date Contribution Received:	/		Amount of Contribution: \$.00
Date Contribution Received:	/		Amount of Contribution: \$.00
			Amount of Contribution: \$	
Check here if using section V(C) o		dum for additi	onal Contributions:	
Contributions from Single Source				
Single Source Entity's Name: NO	ORTH SHORE	LONG ISLAND	JEWISH HEALTH SYSTEM	
or Single Source Person's Last Nar	me:		First Name:	
Address: 145 COMMUNITY DRIVE				
City: GREAT NECK			State: NY	ZIP code: 11021
Phone:				
Date Contribution Received:	01 / 12	/ 2012	Amount of Contribution: \$ 173,761	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	. /	1	Amount of Contribution: \$.00
Date Contribution Received:		1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #27				
single Source Entity's Name: NORTHE	RN WES	TCHESTER HOS	PITAL CENTER	
or Single Source Person's Last Name:			First Name:	
Address: 400 EAST MAIN STREET				
City: MOUNT KISCO			State: NY	ZIP code: 10549
Phone:				
	/ 13	/ 2012	Amount of Contribution: \$ 18,419	.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	Addend	lum for additio	onal Contributions:	0
Contributions from Single Source # _				
Single Source Entity's Name: NY DOW	NTOWN	N HOSPITAL		
or Single Source Person's Last Name:			First Name:	
Address: 170 WILLIAM STREET				
City: NEW YORK			State: NY	ZIP code: 10038
Phone: Data Contribution Received: 04	106	/ 2012	Amount of Contribution: \$ 5,260	.00
Date Commodition Received.	1	//	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received: Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of the	Adden	dum for additi		
Contributions from Single Source #_		MEDICAL CEN	ITER	
Single Source Entity's Name: NYU LA	NGONE	. IVIEDICAL CEN		
Single Source Person's Last Name:			First Name:	
Address: 550 FIRST AVENUE				ZIP code: 10016
City: NEW YORK			State: NY	ZIF Code. 10010
Phone:			104 257	.00
Date Contribution Received: 01	/ 24	/ 2012	Amount of Contribution: \$ 104,257	.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$	
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C) of the	1	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

received.				
Contributions from Single Source # 30				
Single Source Entity's Name: ORANGE RE	GIONA	L MEDICAL CE		
or Single Source Person's Last Name:			First Name:	
Address: 60 PROSPECT AVENUE				71D do: 10040
City: MIDDLETOWN			State: NY	ZIP code: 10940
Phone:			* 0.202	.00
Date Contribution Received: 04 /	00	/ 2012		
Date Contribution Received: /		1	Amount of Contribution: \$.00
Date Contribution Received: /		/	Amount of Contribution: \$.00
Date Contribution Received: /		1	Amount of Contribution: \$.00
Date Contribution Received: /		/	Amount of Contribution: \$.00
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Contributions from Single Source # 31				
Single Source Entity's Name: PALISADES	MEDIC	CAL CENTER		
or Single Source Person's Last Name:			First Name:	
Address: 7600 RIVER ROAD				
City: NORTH BERGEN			State: NJ	ZIP code: 07047
Phone: Data Contribution Received: 01	/ 24	/ 2012	Amount of Contribution: \$ 5,636	.00
Date Commonion Receives.	1	/ 2012	Amount of Contribution: \$.00
Date Contribution Received:	,	1	Amount of Contribution: \$.00
Date Contribution Received:	,	1	Amount of Contribution: \$.00
Date Contribution Received:	,	1	Amount of Contribution: \$.00
Date Contribution Received:	/ ddandi	m for addition		
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Contributions from Single Source #_32				
Single Source Entity's Name: PHELPS N	MEMORI	AL HOSPITAL		
or Single Source Person's Last Name:			First Name:	
Address: 701 NORTH BROADWAY				
City: SLEEPY HOLLOW			State: NY	ZIP code: 10591
Phone:				
Date Contribution Received: 01	/ 30	/ 2012	Amount of Contribution: \$ 17,724	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	,	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source #35				
Single Source Entity's Name: ROBERT V	NOOD JO	HNSON UNIV	versity hospital	
or Single Source Person's Last Name:			First Name:	
Address: ONE ROBERT WOOD JOHNSON F	PLACE			20002 200
City: NEW BRUNSWICK			State: NJ	ZIP code: 08903-260
Phone:				
Date Contribution Received: 07	/ 30	/ 2012		.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of the A	Addendu	m for additio	onal Contributions:	0
Contributions from Single Source # 3				
Single Source Entity's Name: SOUND	SHORE HE	ALTH SYSTE	M, INC.	
or			First Name:	
Single Source Person's Last Name:			THST NATIO.	
Address: 16 GUION PLACE			State: NY	ZIP code: 10802
City: NEW ROCHELLE			Jidio.	
Phone:	106	/ 2012	Amount of Contribution: \$ 9,261	.00
Date Commodien Received.	100	/ 2012	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/ .	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/ al aliki	The second of th	
Check here if using section V(C) of the		m for addin	ondi Commodions.	
Contributions from Single Source #_3				
Single Source Entity's Name: ST LUKE	'S ROOSE	VELT HOSPIT	TAL CENTER	
or Single Source Person's Last Name:			First Name:	
Address: 555 WEST 57TH STREET, 19TH F	LOOR			
City: NEW YORK			State: NY	ZIP code: 10019
Phone:				
Date Contribution Received: 02	/ 29	/ 2012	Amount of Contribution: \$ 70,200	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Contributions from Single Source	#36			
ingle Source Entity's Name: ST. I	BARNABAS H	OSPITAL		
or ingle Source Person's Last Nam	e:		First Name:	
Address: THIRD AVE & 183RD ST				ZIP code: 10457
City: BRONX			State: NY	ZIP Code, 10437
Phone:			4 26 910	.00
Date Contribution Received:	06 / 18	/ 2012	Amount of Contribution: \$ 36,819	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Check here if using section V(C) of	the Addence	lum for additio	onal Contributions:	
Contributions from Single Source	e # 37			
Single Source Entity's Name: ST.	CATHERINE	OF SIENA MEDI	CAL CENTER	
O.F.			First Name:	
Single Source Person's Last Nan	ie.			
Address: 50 ROUTE 25A City: SMITHTOWN			State: NY	ZIP code: 11787
Phone:	02 / 10	/ 2012	Amount of Contribution: \$ 14,248	.00
Date Contribution Received:	02 / 10	/ 20:2	Amount of Contribution: \$.00
Date Contribution Received:		1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
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Date Contribution Received: Check here if using section V(C)	of the Adden	dum for additi		
		dom for distant		
Contributions from Single Source	e #_50	OCDITAL AND	DELIAR CENTER	
Single Source Entity's Name: ST	. CHARLES H	OSPITAL AND	REMAD CENTER	
or Single Source Person's Last Nat	me:		First Name:	
Address: 200 BELLE TERRE ROAD				7ID ando: 11777
City: PT. JEFFERSON			State: NY	ZIP code: 11777
Phone:			4 10 070	.00
Date Contribution Received:	01 / 26	/ 2012	Amount of Contribution: \$ 10,078	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received:	/	1	Amount of Contribution: \$.00
Date Contribution Received: Check here if using section V(C)	1	1	Amount of Contribution: \$.00

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V Source of F		CONTRACTOR MANAGEMENT	NAME OF TAXABLE PARTY.			
A Belov rece	w, list all Contri ived.	butio	ns rece	ived from the	Single Source. Include the date and the an	nount of the Contributio
Contributions from	Single Source	e #3 9				
Single Source Entity	y's Name: ST.	FRAN	CIS HO	SPITAL		
or Single Source Perso	on's Last Nan	ne:			First Name:	
Address: 100 PORT \						
City: ROSLYN					State: NY	ZIP code: 11576
Phone:						
Date Contribution	Received:	01	/ 18	/ 2012	Amount of Contribution: \$ 39,270	.00
Date Contribution	Received:		/	1	Amount of Contribution: \$.00
Date Contribution	Received:		/	1	Amount of Contribution: \$.00
Date Contribution	Received:		1	1	Amount of Contribution: \$.00
Date Contribution	Received:		1	1	Amount of Contribution: \$.00
Check here if using	section V(C) o	f the A	Addend	dum for additio	onal Contributions:	0
Contributions from						
Single Source Entit	v's Name. ST	.JOHN	N'S EPIS	COPAL HOSPIT	AL, SOUTH SHORE	
or					First Name:	
Single Source Pers Address: 327 BEAC		ne:				
City: FAR ROCKAWA					State: NY	ZIP code: 11691
Phone:						
Date Contribution	Received:	04	1 06	2 / 2012	Amount of Contribution: \$ 6,387	.00
Date Contribution	Received:		/	1	Amount of Contribution: \$.00
Date Contribution	Received:		1	/	Amount of Contribution: \$.00
Date Contribution			1	1	Amount of Contribution: \$.00
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Contributions from			article and a second			
Single Source Entit				EDICAL CENTE	R	
or Single Source Pers		me:			First Name:	
Address: 127 SOUT	H BROADWAY					7ID 10701
City: YONKERS					State: NY	ZIP code: 10701
Phone:						00
Date Contribution	Received:	01	/ 20	/ 2012	Amount of Contribution: \$ 7,764	.00
Date Contribution	Received:		1.	1	Amount of Contribution: \$.00
Date Contribution	Received:		/	1	Amount of Contribution: \$.00
Date Contribution	Received:		1	1	Amount of Contribution: \$.00
Date Contribution			1	/	Amount of Contribution: \$.00

A Below, list all Contributio received.	ns recei	ved from the S	single Source. Include the date and the am	boni oi me comisonon
Contributions from Single Source # 🖣	2			
Single Source Entity's Name: ST. LUKE	'S CORN	WALL HEALTH	SYSTEM	
or Single Source Person's Last Name:			First Name:	
Address: 70 DUBOIS STREET				
City: NEWBURGH			State: NY	ZIP code: 12550
Phone:				
	1 00	, / 2012	Amount of Contribution: \$ 5,260	.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
Date Contribution Received:	1	/	Amount of Contribution: \$.00
Check here if using section V(C) of the	Addend	lum for additio	nal Contributions:	. 0
Contributions from Single Source #				
Single Source Entity's Name: STAMFO	ORD HEA	LTH SYSTEM		
or			First Name:	
Single Source Person's Last Name:	17		FIIST NAME.	
Address: SHELBOURNE RD. P.O. BOX 93	17		State: CT	ZIP code: 06904-9317
City: STAMFORD			sidie.	
Phone:			Amount of Contribution: \$ 18,034	.00
Date Contribution Received: 02	/ 21	/ 2012	Amount of Commonen. 4	.00
Date Contribution Received:	/		Amount of Contribution: \$.00
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Contributions from Single Source #_				
Single Source Entity's Name: STONY	BROOK	UNIVERSITY ME	EDICAL CENTER	
or Single Source Person's Last Name:			First Name:	
Address: 101 Nicolls A	and			
City: STONY BROOK	00-40		State: NY	ZIP code: 11794-8410
and the state of t		and the second second	-	
Phone: Date Contribution Received: 04	10	c / 2012	Amount of Contribution: \$ 18,034	.00
Date Contribution Received:	1	1	Amount of Contribution: \$.00
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Source	of Funding Dis				
Α	Below, list all Contri received.	butions rece	ived from the	Single Source. Include the date and the an	nount of the Contribution
ontributions	from Single Source	e#45			7
ngle Source	Entity's Name: SU	NY DOWNSTA	ATE MEDICAL (CENTER	
r ngle Source	Person's Last Nan	ne:		First Name:	
ddress: 445 L					
city: BROOKLY	N			State: NY	ZIP code: 11203
hone:					
ate Contribu	ution Received:	07 / 16	/ 2012	Amount of Contribution: \$ 93,174	.00
ate Contribu	ution Received:	1	1	Amount of Contribution: \$.00
ate Contribu	ution Received:	1	1	Amount of Contribution: \$.00
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ontributions	from Single Sourc	e # _46	PITAL MEDICA	AL CTR OF QUEENS	
ingle Source	Entity's Name: NE	W TORKTOS	,		
	Person's Last Nar	me:		First Name:	
	5 MAIN STREET			NY NY	ZIP code: 11355
City: FLUSHIN	G			State: NY	ZII COGC.
hone:				Amount of Contribution: \$ 48,954	.00
Date Contrib	ution Received:	01 / 30	/ 2012	Amount of Commonion. 4	.00.
Date Contrib	ution Received:		1	Amount of Contribution: \$.00
	ution Received:			Amount of Contribution: \$.00
	ution Received:	1	/	Amount of Contribution: \$.00
	ution Received:	/		Amount of Contribution: \$	
			dum for addit	tional Contributions:	
The same a second second second second second	from Single Source				
Single Source	e Entity's Name: V	ASSAR BROTH	HERS HOSPITA	L	
or Single Source	e Person's Last Na	me:		First Name:	
Address: 45 R	EADE PLACE				710 - 1- 13601
City: POUGHK	EEPSIE			State: NY	ZIP code: 12601
Phone:					00
Date Contrib	oution Received:	04100	0 / 2012	Amount of Contribution: \$ 6,763	.00
Date Contrib	oution Received:	/	1	Amount of Contribution: \$.00
Date Contrib	oution Received:	1	1	Amount of Contribution: \$.00
Date Contrib	oution Received:	1	1	Amount of Contribution: \$.00
				Amount of Contribution: \$.00

V Source of Funding Dis	(e) (e)	10113			at the Cantibution
A Below, list all Contr received.	ibutior	is recei	ved from the S	single Source. Include the date and the amo	ount of the Contribution
Contributions from Single Sourc	e #:48	3			
ingle Source Entity's Name: Wi	ESTCH	ESTER M	IEDICAL CENTE	R	
or Single Source Person's Last Nar	ne:			First Name:	
Address: EXECUTIVE OFFICES, VALI		CAMPU	S		10505
City: VALHALLA				State: NY	ZIP code: 10595
Phone:				10.545	.00
Date Contribution Received:	01	/ 26	/ 2012	Amount of Contribution: \$ 42,545	.00
Date Contribution Received:		/	1	Amount of Contribution: \$	
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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Contributions from Single Source	ce # _	49			
Single Source Entity's Name: W	/INTHR	OP UNIV	VERSITY HOSPI	TAL	
or Single Source Person's Last Na				First Name:	
Address:				State: NY	ZIP code: 11501
City: MINEOLA				State:	Zii Codo.
Phone:	0.0			to the Contribution: \$ 14.652	.00
Date Contribution Received:	04	1 00	0 / 2012	Amount of Contribution: \$ 14,652	.00
Date Contribution Received:		1		Amount of Contribution: \$.00
Date Contribution Received:		1	1	Amount of Contribution: \$.00
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Date Contribution Received:		1		Amount of Contribution: \$.00
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Contributions from Single Sour					
Single Source Entity's Name: V	WYCKC	FF HEIG	HTS MEDICAL	CENTER	
or Single Source Person's Last No	ame:			First Name:	
Address: 374 STOCKHOLM STREE					
City: BROOKLYN				State: NY	ZIP code: 11237
Phone: Date Contribution Received:	03	/ 27	/ 2012	Amount of Contribution: \$ 20,664	.00
Date Contribution Received:		1	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		,	1	Amount of Contribution: \$.00
Date Contribution Received:		,	,	Amount of Contribution: \$.00

V Source of Funding Disclo	sure				
A Below, list all Contributio received.	ns rece	eived from th	ne Single Source. Include the date and the	amount of the Contribu	ution
Contributions from Single Source #5	1				
Single Source Entity's Name: YALE - N	EW HA	VEN HOSPITA	AL .		
or Single Source Person's Last Name:			First Name:		
Address: 20 YORK STREET				Who was a second	
City: NEW HAVEN			State: CT	ZIP code: 06504	
Phone:					
Date Contribution Received: 01	/ 26	/ 2012	Amount of Contribution: \$ 24,674	.00	
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
Date Contribution Received:	1	1	Amount of Contribution: \$.00	
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
Date Contribution Received:	1	1 .	Amount of Contribution: \$.00	
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Contributions from Single Source # _					
Single Source Entity's Name:					
or Single Source Person's Last Name:			First Name:		
Address:					
City:			State:	ZIP code:	
Phone:					
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
Date Contribution Received:	1	1	Amount of Contribution: \$.00	
Date Contribution Received:	1	1	Amount of Contribution: \$.00	
Date Contribution Received:	/	1	Amount of Contribution: \$.00	
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Check here if using section V(C) of the	Adden	dum for add	ditional Contributions:		0
Contributions from Single Source #_					
Single Source Entity's Name:					
or Single Source Person's Last Name:			First Name:		
Address:					
City:			State:	ZIP code:	
Phone:					
Date Contribution Received:	1	1	Amount of Contribution: \$.00	
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/I Subjects lobbied:	VIII Person, State Agency, Municipality or Legislative Body lobbied:
Continued on attached pages	O Continued on attached pages
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
Continued on attached pages	Continued on attached pages
X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in Tribal-state compacts, etc lobbied:
O Continued on attached pages	O Continued on attached pages
This Declaration This Declaration must be signed by the Chief Administrative eason, does not sign, he/she must duly designate anothe declare under penalty of perjury that the inforcerrect, and complete to the best of my knowledge.	mation contained in this report is true, edge and belief.
X SIGNATURE:	DATE: 1/24/13
PRINT NAME: LAST Periman	FIRST Lee
TITLE: Executive Vice President, Administration and Chief Fin.	anciai Utilicer
Mark One: © Chief Administrative Officer O	Designee(Attach Letter)
the following MUST be attached to this reportant attach a \$50 dollar filing fee to each semi-annular filing fee to each semi-a	rual report. (No fee is required for amendments to the origina

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.